

## **Financial Form**

### **Student Information:**

ast Name		First Name		Middle	
ather (Guardian) Name		Mothe	(Guardian) Name		
Contact Informa	tion:				
Mailing Address		City		Zip Code	
rimary Phone			Date	e of Birth	
Primary Email					
Please check	_	istering for 2 dicate which class you are re	egistering for AND yo	ur preferred payn	ment plan
CLASS	HALF DAY 🔻	EXTENDED DAY	PAY ANNUALLY (AUGUST)	PAY BY SEMESTER (AUG &JAN)	PAY MONTHLY (AUG – APRIL)
3-DAY TWOS	\$3400.00	\$4350.00			
3-DAY THREES	\$2900.00	\$3900.00			
5-DAY THREES	\$4900.00	\$6400.00			
3-DAY FOURS	\$3200.00	\$4800.00			
5-DAY FOURS	\$5200.00	\$6750.00			
JR KINDER	\$5600.00	\$6900.00			
KINDERGARTEN	\$6250.00	\$7200.00			
PERMANENT E	EXTENDED DAY (Half-day	y tuition students may check bel	ow to stay selected days	for extended care @	\$15/day)
MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRID	AY
		r or not the child stays on t			
	•	ays there are each month.		•	
	y drop-in" basis at a	higher fee, subject to ava	ilability. Extended da	ay drop-in fee is :	\$20 per
day.					
	Parent S	ignature			 Date



# St. Francis Episcopal School Registration Packet

# **Registration Check List 2024-2025**

<u>Check</u>	<u>Item</u>		
	Financial Form		
	Registration Form (3 pages)		
	Immunization Records		
	Medical Statement from Physician (Statement of child's health to attend school)		
	\$250 Registration Fee (New students must pay with cash or check)		
	\$50 Supply Fee (Included in August tuition if not paid with registration)		
	Student Contract (Any enrollment changes will require a newly signed contract)		
	Child Allergy/Medical Form (If applicable)		



# **Registration Form**

Accredited by the Southern Association of Episcopal Schools (SAES)

### **Student Information:**

Last Name	First Name	Middle	Preferred Name	
Date of Birth	Age (A	s of Sept 1)	Gender	
Primary Contact	Information:			
Parent(s)/Guardian(s) First	and Last Name			
Home Address		City	Zip Code	
Primary Phone Number				
Primary Email Address				
		3 day (T/W/TH ay, Four's 3/5 day, Jr Kinder – 5 day, K		
List any physical	and/or mental health	diagnoses:		
	, OR indicate "not app	ious injuries/surgeries with plicable" (if any – please co	•	

In case of Emerge	ency/ Authorized Pick l	Jp (other than Parent/Gu	ardian):	
Name			Phone	
News			Dhana	
Name			Phone	
Name			Phone	
Student's Family	y Information:			
Mother/Guardian:				
Mother/Guardian.				
Name		Phone	Email	
Occupation	Pla	ace of Employment	Work Phone	
Father/Guardian:				
Name		Phone	Email	
Occupation	Plac	ce of Employment	Work Phone	
Siblings:				
Name	Age	Gender	Birthdate	
Name	Age	Gender	Birthdate	

<sup>\*\*\*</sup>Registration for admission is NOT complete without payment of a \$250 registration fee. (Cash/check only for new families registering).

<sup>\*\*\*</sup>Supply fee of \$50 may be paid in advance or will be added to the August statement.

Medical Information:	
Primary Care Physician Name	Phone
Hospital of Choice:	
I give my consent for necessary emergency treatment whe	n my child is in the care of this physician and/or hospital.
	Parent Signature
pictures taken yearly by a professional photog I give St. Francis permission to use photos of n media, and paper materials for marketing purp I understand that a copy of the St Francis Episco on the St. Francis website, www.stfrancisepisco I understand St. Francis Episcopal School is a " I understand St. Francis is open to all students  I affirm that the above information is true and completed that the above information fee have been received be any changes that are made to the information stated my child will be withdrawing. I agree my child is at the above. A \$50 supply fee will be added to the Septembs school.	ny child for use in publication on the school website, social poses.  copal School Student/Parent Handbook is available to me copalschool.org.  Gang Free Zone".  of any race, color, nationality, religion, or ethnic group.  ete. I understand that registration is NOT complete until by the school. I understand that I will notify the school of above. I agree to give the school 30 days written notice if a age or older for the age group class I have registered for
Parent Signature	



## St. Francis Episcopal School

254-773-3009; stfrancis.org

Hotline: 1-800-252-5400; www.dfps.state.tx.us

### **Student and Family Contract**

Student Name:	Class:	
Days:	School Year:	_
Annual Tuition:		

St Francis Episcopal School (the "School") agrees to enroll the above-named student in the program during the school year specified above, provided that the required Registration Fee, Registration Packet, Immunization Record, Health Statement from a Physician, and a copy of this contract executed by the parents/guardians are delivered to the School prior to *June 1, 2024*. This Tuition Enrollment Contract assures that the budget of the school is sound so that the school can function to the best of its fiscal abilities. The parents/guardians agree as follows:

#### **TUITION & OTHER FEES**

- I understand that the annual Supply fee will be billed on the August tuition statement if not paid with registration.
- I understand that the first (August) month's tuition is due on August 1st, 2024.
- I understand that my child's subsequent monthly tuition payments are due on the 1<sup>st</sup> of each month. After the 10<sup>th</sup> of the month, a late fee of \$25.00 will be charged.
- I understand that the monthly tuition and extended day charges remain the same regardless of absences, holidays, vacations, etc.
- I understand that a \$5.00 fee per minute will be charged to students who are picked up after the designated pick-up time.

#### **TUITION PAYMENT PLANS**

There are 3 options for payment of tuition:

- Pre-payment of full-year due August 1, 2024
- Two installments- 50% due August 1, 2024 and 50% due January 1, 2025
- Nine monthly payments due by the first day of school and every month thereafter

#### **PAST DUE ACCOUNTS**

- If tuition payment is not received after 30 days of due date, a past due account letter will be sent by the School Bookkeeper and the Head of School and School Board will be notified.
- If tuition payment is not received after 60 days of due date, a meeting with the Head of School and the
  Treasurer of the School Board will be requested and all extra charges will be frozen on the account
  until it is paid in full.
- If tuition payment is not received after 90 days of due date, the above-named student may not return to school until the account is brought to current.

#### **INSUFFICIENT FUNDS**

I understand that if the bank returns my payment due to insufficient funds, I will be required to resubmit the tuition payment plus pay any bank fees charged to the school. Restitution payment must be made in check or cash. If two checks have been returned, for whatever reason, cash is the only form of payment that will be accepted.

#### **REGISTRATION FEE AND SUPPLY & ACTIVITY FEE**

I understand that the Registration Fee and Supply are non-refundable, including if I change the above Program to decrease the number of Days or the Time Period. These fees will be forfeited should I withdraw my child from St. Francis Episcopal School.

#### **PROGRAM CHANGES & WITHDRAWAL**

- If I withdraw the above-named student from the School, I will notify the Head of School and School Board, in writing, 30 days prior to the withdrawal. After review, the Head of School and School Board determine if any tuition fees shall be charged due to early withdrawal.
- If the above-named student is asked to withdraw from the School, the School Board shall determine, in its sole discretion, if any tuition fees shall be charged or refunded less the Registration Fee and the Supply Fee.

#### **TUITION FORGIVENESS**

- I understand that if the above-named student is medically disabled, the school shall forgive 100% of the unused yearly tuition less the Registration Fee and the Supply Fee.
- I understand that if my family moves out of town or transfers due to military duty or for a job-related purpose, the school shall forgive 100% of the unused yearly tuition less than Registration Fee and Supply Fee.

#### **UNFORSEEABLE EVENTS**

The School's duties and obligations under this Enrollment Contract may be suspended immediately without notice during all periods that the School is closed because of any cause or event beyond the School's control; an act of God; a total or partial destruction of school facilities or premises due to fire, explosion, unavoidable accident, or otherwise; adverse weather or flood; power failure; riot or civil disturbance; war (declared or undeclared); compliance (whether voluntary or involuntary) with any governmental order, action, or restriction; act of terrorism or threat thereof; act of public enemy; epidemic or pandemic or threat of same; dispute or difference with workers or labor shortage; or any other cause or event similar to any of the foregoing. If such an event or cause occurs, the school's duties and obligations in this Enrollment Contract may be suspended until such time as the school, in its sole discretion, may reopen.

In the event that the school in its sole discretion cannot reopen due to an event or cause under this clause, the school is under no obligation to refund any portion of any amounts paid for tuition or otherwise. Further, the School has sole discretion, from time to time and at any time, whether because of an event or cause set forth above in this clause or otherwise, to modify in whole or in part its curriculum, schedules, length of school year, means of learning, teaching methods, and use of distance learning, and any such modifications do not excuse any payment obligations under this Enrollment Contract, including future payment obligations.

The parents or guardians certify that they have read and understand this Tuition Enrollment Contract in its entirety. Parents or guardians agree and accept all the terms and conditions of this Tuition Enrollment Contract of St. Francis Episcopal School.

Parents or guardians further agree that in the event they do not comply with any of the terms and conditions of this Tuition Agreement, the School may take legal action against them to enforce the terms of the Agreement, and the Family shall be liable for the legal fees incurred by the school in doing so.

Printed Name of Parent(s)/ Legal Guardian(	(s):	
Cianatura	Data	
Signature:	Date:	